

 <div style="margin-left: 20px;"> United States Environmental Protection Agency Washington, DC 20460 </div>	✓	Registration	OPP Identifier Number
		Amendment	
	Other		

Application for Pesticide - Section I

1. Company/Product Number 82633 / 82633-25	2. EPA Product Manager Mindy Ondish	3. Proposed Classification <input checked="" type="checkbox"/> None Restricted
4. Company/Product (Name) Bifenthrin Technical	PM# 3	
5. Name and Address of Applicant <i>(Include Zip Code)</i> Sharda Cropchem Limited c/o Wagner Regulatory Associates, Inc. P.O. Box 640 Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No.: Product Name:

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)
PRIA R351 – CSF Amendment of alternate source for technical grade active ingredient as Alt. 2

Section - III**1. Material This Product Will Be Packaged In:**

Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) HDPE lined bags
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* **Certification must be submitted**

3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container Bulk	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
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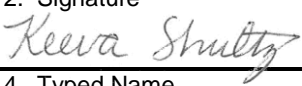
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	<input type="checkbox"/> Other ____ adhesive backed label _____
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Section - IV**1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)**

Name Keeva Shultz	Title Agent for Sharda Cropchem Limited	Telephone No. (Include Area Code) (302) 635-7281 (keevea@wagnerreg.com)
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Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.
I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

2. Signature 	3. Title Agent for Sharda Cropchem Limited	6. Date Application Received <div style="text-align: center; font-weight: bold;">(Stamped)</div>
4. Typed Name Keeva Shultz	5. Date February 16, 2021	